



Maricopa County Department of Public Health
Request for Certified Copy of ARIZONA Birth Certificate
WARNING: False Application for a Birth Certificate is a Punishable Offense

For Date Stamp

Mail Application: MCOVR (Maricopa County Office of Vital Registration)
PO Box 2111 – Phoenix, AZ – 85001
Apply Online: www.VITALCHEK.com (Refer to website for their current fees)

Apply In Person: Three locations to serve you

Central Phoenix – 3221 N. 16th St. Phoenix 85016 (1 blk south of Osborn)
West Valley – 3003 W. Thomas Rd. Phoenix 85017 (near I-10/I-17 fwys)
East Valley - 4419 E. Main St., Suite 105, Mesa, AZ 85205
(I-60 and Loop 202 Red Mtn Frwy)

Hours of Operation: Mon-Fri 8am-4:30pm - Closed Federal Holidays

Telephone: 602-506-6805

Questions, download forms, **acceptable IDs** & more: www.wearepublichealth.org

Fees: \$20 per certified copy
\$30 per Correction, Amendment, Paternity, Court Order

Application Checklist

- ☐ Proof of Relationship enclosed if required (birth certificates, certified court documents, etc)
- ☐ Clear photocopy of your valid Government Photo ID **OR** your signature notarized
- ☐ Sign the application
- ☐ Correct Fee enclosed (Do **not** send cash by mail) (If personal check, **include check writer's ID**)

Office Use Only

____ Process
____ Return by Mail
____ Call
____ Fwd AZOVR

Insufficient Fee:

____ No Fee
____ Incorrect Fee
____ Temp check
____ CC expired

Identification:

____ ID expired\invalid
____ No ID enclosed
____ Need clear copy
____ Need Ck Writer or CC holder's ID

Proof of Eligibility:

____ Need documents
____ Need signature
____ Applicant ineligible
____ Not an AZ record

Other _____

SFN

TRX #

Date Entered

Date Issued

Serial Numbers

Receipt #

Order Info

Today's Date _____ # of copies requested _____ Purpose of Request _____ Payment method (circle one) CHECK MO CREDIT CARD

Birth Certificate Information

Date of Birth _____ Name on Certificate: First _____ Middle _____ Last _____
Town/City of Birth _____ County _____ Hospital _____
Mother's First Name _____ Middle _____ MAIDEN _____ Date of birth _____ State (if US) or Country of birth _____
Father's First Name _____ Middle _____ Last _____ Date of birth _____ State (if US) or Country of birth _____

Person Requesting Certificate

Applicant's Full Name - printed _____ Applicant's Signature - **mandatory** _____
Mailing Address Street _____ City _____ State _____ Zip _____
Daytime telephone number _____ Email address _____
Your relationship to person on certificate – Circle one ****PROOF of relationship MUST be provided if you are NOT named on the certificate**
Self Parent Child Brother\Sister Legal Guardian Spouse Grandparent Gov't Agency Other _____
Gov't issued ID _____
(OFFICE USE ONLY)

Notary Area

State of _____ County of _____
On this _____ day of _____, 20 _____ before me personally appeared _____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledge that he/she signed the above document.
Notary Signature _____ My Commission Expires _____

Affix Seal/Stamp Here

Pay with Credit Card

Payment Information VISA MC *Must attach copy of credit card holder's valid government photo ID
(circle one)
Card number _____ Card expiration date _____
Signature of Card Holder _____ \$20 X _____ = \$ _____
of copies requested _____ Amount to be charged _____